

<p>United States Environmental Protection Agency Office of Drinking Water Washington, DC 20460</p> <p><b>UIC Federal Reporting System</b> <b>Part III: Inspections</b> <b>Mechanical Integrity Testing</b></p> <p>(This information is solicited under the authority of the Safe Drinking Water Act)</p>					<b>I. Name and Address of Reporting Agency</b>  United States Environmental Protection Agency Region 8 999 18th Street, Suite 300 Denver, CO 80202-2466					
<b>II. Date Prepared</b> (month, day, year)			<b>III. State Contact</b> (name, telephone no.)		<b>IV. Reporting Period</b> (month, year) From <b>October 1, 20</b>					
					Class and Type of Injection Wells					
					I	II SWD 2D	ER 2R	HC 2H	III	IV
V. Summary of Inspections	Total Wells	A	Number of Wells Inspected							
	Total Inspections	B	1. Number of Mechanical Integrity Tests (MIT) Witnessed							
			2. Number of Emergency Response or Complaint Response Inspections							
			3. Number of Well Constructions Witnessed							
			4. Number of Well Pluggings Witnessed							
			5. Number of Routine/Periodic Inspections							
VI. Summary of Mechanical Integrity  (MI)	Total Wells	A	Number of Wells Tested or Evaluated for Mechanical Integrity (MI)							
	B	No. of Rule-Authorized Wells Tested/Evaluated for MI		Passed 2-part test						
				Failed 2-part test						
	For Significant Leak	C	1. Number of Annulus Pressure Monitoring Record Evaluations		Well Passed					
					Well Failed					
			2. No. of Casing/Tubing Pressure Tests		Well Passed					
					Well Failed					
			3. Number of Monitoring Record Evaluations		Well Passed					
					Well Failed					
			4. No. of Other Significant Leak Tests/Evaluations (Specify)		Well Passed					
					Well Failed					
	For Fluid Migration	D	1. Number of Cement Record Evaluations		Well Passed					
					Well Failed					
			2. Number of Temperature/Noise Log Tests		Well Passed					
					Well Failed					
			3. No. of Radioactive Tracer/Cement Bond Tests		Well Passed					
Well Failed										
4. No. of Other Fluid Migration Tests/Evaluations (Specify)			Well Passed							
			Well Failed							
VII. Summary of Remedial Action	Total Wells	A	Number of Wells with Remedial Action							
	Total Remedial Actions	B	1. Number of Casing Repaired/Squeeze Cement Remedial Actions							
			2. Number of Tubing/Packer Remedial Actions							
			3. Number of Plugging/Abandonment Remedial Actions							
			4. Number of Other Remedial Actions (Specify)							
<b>VIII. Remarks/Ad Hoc Report</b> (Attach additional sheets)										
<b>Certification</b> I certify that the statements I have made on this form and all attachments thereto are true, accurate, and complete. I acknowledge that any knowingly false or misleading statement may be punishable by fine or imprisonment or both under applicable law.										
Signature and Typed or Printed Name and Title of Person Completing For								Date	Telephone No.	